

SF 424 R&R

3. DATE RECEIVED BY STATE		State Application Identifier	
1. TYPE OF SUBMISSION		4. a. Federal Identifier	
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		b. Agency Routing Identifier	
2. DATE SUBMITTED	Applicant Identifier	c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION			
Legal Name: The Regents of the University of California		Organizational DUNS: 627797426	
Department:		Division:	
Street1: 245 University Office Building		Street2: University of California, Riverside	
City: Riverside		County/Parish: Riverside	
Province:		State: CA: California	
		Country: USA: UNITED STATES	
		ZIP / Postal Code: 92521-0217	
Person to be contacted on matters involving this application			
Prefix:		First Name:	
Tim		Middle Name:	
Position/Title: Pr. Sponsored Programs Officer		Last Name:	
Street1: 900 University Ave		LeFort	
City: Riverside		Suffix:	
Province:		State: CA: California	
		Country: USA: UNITED STATES	
		ZIP / Postal Code: 92521-0217	
Phone Number: (951) 827-2717		Fax Number: (951) 827-4483	
		Email: tlefort@ucr.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 956006142			
7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education			
Other (Specify):			
Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input checked="" type="radio"/> New <input type="radio"/> Resubmission		<input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration	
<input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		<input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):	
Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?			
9. NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
Office of Science		81.049	
		TITLE: Office of Science Financial Assistance Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
"Understanding the effects of atmospheric N deposition and drought on ecosystem N retention: Linking above- and below-ground processes with watershed-scale modeling"			
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF THE APPLICANT:	
Start Date Ending Date		CA-041	
06/01/2019 05/31/2022			

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name: Last Name: Suffix:
 Dr. Peter M Homyak
 Position/Title: Organization Name: University of California, Riverside Campus
 Department: Division:
 Street1: 900 University Avenue, 0312 Science Labs 1 Street2:
 City: Riverside County/Parish: CA State: CA: California
 Province: Country: USA: UNITED STATES ZIP / Postal Code:
 Phone Number: 951-827-2358 Fax Number: Email: phomyak@ucr.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested \$999,884.00
 b. Total Non-Federal Funds \$0.00
 c. Total Federal & Non-Federal Funds \$999,884.00
 d. Estimated Program Income \$0.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE: 03/21/2019
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ I agree

The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL or other Explanatory Documentation. File Name: Mime Type:

19. Authorized Representative

Prefix: First Name: Middle Name: Last Name: Suffix:
 Tim LeFort
 Position/Title: Pr. Sponsored Programs Officer Organization Name: The Regents of the University of California
 Department: Vice Chancellor - Research Division: Office of Research Affairs
 Street1: 900 University Ave Street2: UOB
 City: Riverside County/Parish: Riverside State: CA: California
 Province: Country: USA: UNITED STATES ZIP / Postal Code:
 Phone Number: (951) 827-2717 Fax Number: (951) 827-4483 92521-0217
 Email: tlefort@ucr.edu

Signature of Authorized Representative

Date Signed

20. Pre-application File Name: Mime Type:

21. Cover Letter Attachment File Name: Mime Type: